DOCUMENT RESUME

ED 480 100 CG 032 558

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TITLE	Students' Attitudes toward Working with Individuals Who Suffer from Serious and Persistent Mental Illness.
PUB DATE	2003-08-00
NOTE	19p.; Paper presented at the Annual Conference of the American Psychological Association (111th, Toronto, ON, Canada, August 7-10, 2003).
PUB TYPE	Information Analyses (070) -- Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	Academic Achievement; Behavioral Sciences; *College Students; Higher Education; *Mental Disorders; *Student Attitudes; Student Experience

ABSTRACT

A survey was conducted to examine the attitudes of students toward working with individuals who suffer from serious and persistent mental illness (SPMI). Nine hundred and fifty-four students working toward a degree within the behavioral sciences were administered a demographic and experience questionnaire, as well as an experimenter designed attitude instrument. We believed that students with greater levels of education and increased professional contact with SPMI would result in less favorable attitudes or desire to work with this population. Contrary to previous research, findings from this study indicated that students with greater amounts of professional contact and increased training with SPMI, and higher levels of education, resulted in more positive opinions and a greater willingness to work with the population. (Contains 11 references and 2 tables.) (Author)

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Students' Attitudes Toward Working With Individuals Who Suffer From Serious and Persistent Mental Illness

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Abstract

A survey was conducted to examine the attitudes of students toward working with individuals who suffer from serious and persistent mental illness (SPMI). Nine hundred and fifty-four students working toward a degree within the behavioral sciences were administered a demographic and experience questionnaire, as well as an experimenter designed attitude instrument. We believed that students with greater levels of education and increased professional contact with SPMI would result in less favorable attitudes or desire to work with this population. Contrary to previous research, findings from this study indicated that students with greater amounts of professional contact and increased training with SPMI, and higher levels of education, resulted in more positive opinions and a greater willingness to work with the population.

KEY WORDS: serious and persistent mental illness; students' attitudes; student training; mental disorders.

Students' Attitudes Toward Working With Individuals

Who Suffer From Serious and Persistent Mental Illness

Previous research has shown that public and mental health professionals' attitudes toward people with serious and persistent mental illness (SPMI) differ among several domains. Mental health professionals are more inclined than the general public to believe that people with SPMI are stigmatized and discriminated against by society. Mental health professionals also regard the long-term treatment outcome of mental disorders more negatively than the public (Schroder & Ehrlich, 1968; Jorm, Korten, Jacomb, Christensen, & Henderson, 1999). While professional opinions appear to be more negative than the general public, their views may be more realistic and a result of direct clinical experience and a greater awareness of the biopsychosocial influences on behavior.

Within the mental health field, Wohlford (1994) found that the professional disciplines of psychiatry, nursing, and social work continue to enhance training modules and techniques for SPMI, while the field of psychology has fallen behind in its commitment to develop and implement continued advancement in treatment approaches. A survey of 165 university directors in clinical psychology found that while most programs offered courses in the treatment of SPMI, only 8% had formalized specialty tracks available to students. An unfortunate finding revealed that 26% of the directors in clinical training reported that they would discourage students who were interested in working with SPMI from applying to their programs.

Mental health professionals' avoidance of working with people who suffer from SPMI is influenced not only by societal and professional stigma, inadequate funding, lack of competent supervision and training; but also therapeutic barriers that are unique to working with SPMI. Therapeutic barriers professionals are likely to encounter in working with people who have

SPMI include hopelessness toward treatment outcome, difficulty building therapeutic rapport, blaming the client for treatment shortcomings, and feelings of professional incompetence. Negative attitudes of professionals working with SPMI have been attributed to feelings of helplessness and often result in resistance to provide treatment services to this population (Cohen, 1990). The attitudes of mental health providers can greatly impact the services they provide to their patients. Consequently, the negative perceptions of professionals may create a barrier in establishing a cohesive relationship with the client and result in less effective treatment interventions.

The purpose of this study was to examine the general attitudes of students enrolled in behavioral sciences and professional mental health degree programs throughout South Florida, toward working with people who suffer from SPMI. The investigators intended to explore the notion that higher educational levels within the student/trainee population would result in less favorable attitudes and a reduced willingness to work with this population. Information from the study will be used to generate increased awareness of SPMI in academic settings with the goal of enhanced academic curriculum designed to motivate students to work with and research this important population.

Method

Participants

Participants were 954 students (20.3% men and 79.7% women), ranging from 17-56 years old, with the majority between 23-35 years old (51.5%), among students attending universities and colleges within the Broward and Miami-Dade counties of South Florida. Three participants returned incomplete surveys and were therefore excluded from the total student sample. The convenience sample consisted of students from various racial groups with 44.1%

Caucasian, 30.4% Hispanic, 14.7% African American, 2.7% Asian/Pacific Islander, .2% Native American, and 7.5% from other ethnic groups. The respondents were enrolled in courses of study leading to degrees in associates (21.7% first and second year) and bachelors (14% third and fourth year) in psychology, bachelors in social work (11.1%), masters degrees in mental health counseling (13.7%), graduate degrees (masters and doctorate) in social work (13.7%), and doctorate in clinical psychology representing the majority of students (25.6%).

Approximately 51% of the participants reported taking at least 1-2 formal training courses that focused exclusively on the treatment of SPMI. About 41% of the student sample reported either 'very frequent' or 'occasional contact' with people with SPMI, while 58.7% reported 'rare' or 'no contact.' Of the students who had contact, they encountered SPMI among clients (46.4%), colleagues (16.1%), friends (27.3%), and family (26.2%).

Procedure

The participants were recruited on a volunteer basis by inviting them to take part in the study. In order to recruit participants, the investigators directly approached undergraduate level students in college and university classrooms. In addition to face-to-face contact, graduate level students were distributed the survey through the university mail system. To ensure confidentiality, the informed consent instructed the participants not to write any identifying information on the survey. The participants were under no obligation to complete the survey and could withdraw consent at any time. Consent to participate was implied by return of the survey. The participants were provided with an email address and phone number to inquire of the research results.

Instrument

The instrument used in this study was created by reviewing surveys used in previous studies that examined attitudes toward people with SPMI (Drolen, 1993; Granello & Wheaton, 2001; Khandelwal & Workneh, 1986; Read & Law, 1999; Stones, 1996). In addition to a review of previous studies, the survey was piloted with a subset of doctoral psychology students and professors who teach masters and doctorate psychology courses. The survey underwent several revisions that were based on feedback from the pilot group and consultation with experts in statistical analysis and instrumentation.

The investigators devised an instrument utilizing a five-point Likert-type attitude scale to assess general attitudes toward people with SPMI, as well as attitudes toward working professionally with this population. The Likert scale ranked responses from '1' (strongly disagree) to '5' (strongly agree). In order to minimize a response set bias, approximately half of the attitudinal questions were reverse-worded. The survey also included a demographic and experience questionnaire detailing issues such as the students' course of academic study and their frequency of contact with individuals with SPMI.

Based on the widely accepted definition, the participants were informed that SPMI included schizophrenia, schizoaffective disorder, obsessive-compulsive disorder, major depression, bipolar disorder, borderline personality disorder, and schizotypal personality disorder (Stein, 1995; Lambert, 2001). Furthermore, they were instructed that SPMI must have a six-month duration and have significantly impacted the individual's psychological, social, and/or occupational functioning.

Results

Several procedures were used to analyze the data. Descriptive statistics were conducted using percentages with each of the demographic items. To determine the general attitudes of the students across of levels of education and academic affiliation, a series of one-way analysis of variance (ANOVA) was conducted with the Type of Student as the independent variable and responses on the 24 attitudinal questions as the dependant variable. Levene's homogeneity of variances assumption was tenable for these items. The probability of a Type I error was maintained at .05 across statistical analysis involving main effects and post hoc analysis was conducted with the Tukey HSD procedure to determine pairwise relationships.

Results indicated different perceptions across levels of education regarding the etiology, treatment, and motivation to work with people who have SPMI. Despite the fact that 45.6% of the student sample believed SPMI is a physical brain disease; about 36% believed that it could be cured. The most significant finding was that 58.5% of the bachelors psychology students believed that SPMI can be cured, whereas 36.6% of the masters in mental health counseling and 38.1% of the graduate social work students did not believe in a cure. Approximately 84% of the respondents believed that people with SPMI can lead productive lives and 71.7% felt that treatment should focus on coping with the illness rather than working toward a cure.

Although traditional modes of talk therapy were considered effective forms of treatment by 48.2% of the total student sample, about 59% of the respondents believed that providing support services such as housing and employment are actually the most important factors for treating people with SPMI. Approximately 53.1% of the student sample believed that people with SPMI must be treated with medication. Interestingly, 70.5% of the doctoral psychology students believed that non-physicians should have prescription privileges, whereas much fewer

associates (16.4%) and bachelors (21.5%) psychology students, bachelors (17%) and graduate level (33.5%) social work students, and masters in mental health counseling (34.3%) students held the same view.

The majority (64.4%) of the student sample believed that mental health professionals who work with individuals with SPMI are well respected and approximately 77% of the overall student sample believed that working with people with SPMI is rewarding. However, about 64% of the students believed that professionals receive inadequate financial compensation for the work. When all factors were considered, despite the fact that 50% of the respondents reported the desire to work with people with SPMI, with bachelors level psychology students expressing the most interest (62.9%) and bachelors level social work students expressing the least interest (37.8%); only 38.5% of the respondents viewed the future for professionals working with this population as promising.

Results of the ANOVA indicated a significant difference in attitudes across levels of education to the statement, 'Serious mental illness cannot be cured,' and are displayed in Table 1, $F(5, 948) = 8.74$, $p < .05$. Respondents seeking degrees leading to associates ($M = 2.56$) and bachelors ($M = 2.50$) in psychology held a significantly stronger opinion that SPMI can be cured, when compared to masters in mental health counseling ($M = 3.03$), doctoral psychology ($M = 2.90$), and graduate social work ($M = 3.04$) students.

Significant differences in attitudes to the statement, 'Drug therapy is not as effective as psychosocial rehabilitation in the treatment of people with serious mental illness,' were found between the groups of students and are displayed in Table 2, $F(5, 939) = 6.37$, $p < .05$. Participants seeking a graduate degree in social work ($M = 2.54$) or doctorate degree in

psychology (M = 2.45) demonstrated a similar level of agreement that drug therapy is as effective as psychosocial rehabilitation.

On the other hand, students seeking bachelors in psychology degrees (M = 2.85) held a slightly stronger opinion than the other groups that drug therapy is as effective as psychosocial rehabilitation. The largest significant difference occurred between masters in mental health counseling students (M = 1.57) who reported that medication is as effective as psychosocial rehabilitation, when compared to bachelors in social work students (M = 3.23) who reported that medication is less effective than psychosocial rehabilitation.

An analysis of interaction was conducted to determine whether or not the type of student and amount of direct professional contact with people with SPMI would influence opinions toward the statement, 'Drug therapy is not as effective as psychosocial rehabilitation in the treatment of people with serious mental illness.' A significant interaction was found between the student groups who had 'never' had direct professional contact working with SPMI, $F(5, 930)$ = 4.08, MSw = 3.31, p = .001. The results of the Tukey HSD Post Hoc procedure indicated that among students who did not have clinical experience working with mental disorders, the bachelors in psychology students (M = 2.91) held a stronger opinion that drug therapy is not as effective as psychosocial rehabilitation, when compared to the masters in mental health counseling students (M = 2.35). Simple effects at the .0083 alpha level for the interaction resulted in $F(5, 333)$ = 4.41, MSw = 3.508, p = .001.

Students' confidence in their skills to effectively treat people with SPMI significantly differed depending upon their level of education and field of study, $F(5, 948)$ = 12.89, $p < .05$. Masters in mental health counseling students (M = 3.29) were significantly more confident than psychology students seeking bachelors (M = 2.77) and doctoral (M = 2.93) degrees, and social

work students seeking bachelors (M = 2.48) and graduate (M = 2.89) degrees. In addition, doctorate psychology students (M = 2.93) were significantly more confident than the bachelors level social work students (M = 2.77). Furthermore, students with greater amounts of professional contact with SPMI, reported significantly higher feelings of confidence in their abilities to effectively provide treatment to this population, $F(3, 930) = 17.64$, $p < .05$.

The number of formal training courses that students attended which focused exclusively on the treatment of SPMI was significantly related to the statement, 'I do not want to work with people with SPMI,' $F(5, 922) = 3.25$, $p < .05$. Analysis indicated that those students who had '7 or more' courses (M = 2.27) reported a greater willingness to work with people with SPMI, relative to students who had '3-4' courses (M = 2.42), '1-2' courses (M = 2.49), and no formal training (M = 2.77) in SPMI. In addition, the greater number of formal training courses that students had that focused exclusively on the treatment of SPMI, the more likely they were to view the work as rewarding, $F(5, 922) = 2.66$, $p = .02$. Students who had '7 or more' formal training courses demonstrated the most agreement that working with people diagnosed with SPMI is rewarding (M = 4.20), whereas students who did not have formal training courses were significantly less likely to view the work as rewarding (M = 3.74).

The amount of direct professional contact students had with people with SPMI was significantly related to their willingness to work with this population, $F(3, 930) = 12.37$, $p < .05$. Analysis indicated that of the total student sample, those who had 'frequent' (M = 2.07) or 'occasional' (M = 2.39) contact demonstrated a greater desire to work with SPMI, compared to students who had 'never' (M = 2.82) had direct professional contact. In addition, students with 'very frequent' (M = 2.07) contact reported a significantly higher willingness to work with SPMI, compared to students with 'rare' (M = 2.58) contact. Further analysis also indicated that

the students' level of education and academic affiliation was significantly related to their willingness to work with SPMI, $F(5, 930) = 4.51$, $p < .05$. Bachelors level psychology students ($M = 2.04$) were significantly more inclined than bachelors in social work students ($M = 2.41$) to want to work with SPMI.

Discussion

The results of the survey indicated that different opinions about working with people with SPMI existed across levels of education and area of study with factors such as etiology, treatment, and sociological incentives contributing to the students' level of desire to work with this population. Our results indicated that students' motivation to work with SPMI was significantly related to their direct clinical experience, with increased amounts of contact resulting in a greater willingness to work with this population. Students with more professional experience working with people with SPMI reported feeling more confident in their abilities to provide effective treatment. Students with greater levels of education tended to have more clinical experience and were more likely to report feeling confident in their abilities to provide treatment services.

Doctorate psychology students reported feeling more confident than bachelors in social work students in their abilities to provide effective treatment services to people with SPMI. In addition, masters in mental health counseling students were more confident in their clinical skills to treat mental disorders, when compared to graduate social work students. Overall it appears that students in the psychology or counseling fields feel more confident than social work students in their abilities to effectively treat people with SPMI.

Students with higher levels of education and greater amounts of professional contact are more inclined to believe that medication is as effective as psychosocial rehabilitation for the

treatment of SPMI. Lower levels of education among psychology students who did not have previous professional contact with SPMI was associated with a stronger opinion that drug therapy is less effective than psychosocial rehabilitation. Overall, as the level of education and amount of professional contact increases, students are more inclined to view medication as an effective form of treatment.

Students displayed different opinions about the environmental influences that contribute to the treatment of individuals with SPMI such as providing support services and societal stigma. Psychology students with lower levels of education tended to view support services such as housing and employment as the most important factors in helping people with SPMI. Greater levels of education across the student sample resulted in a greater awareness of people with SPMI being stigmatized by society and the opinion that mental disorders cannot be cured. These findings suggest that as education increases, students may develop more complex opinions related to the treatment of SPMI and take into account both the biological and sociological influences on behavior.

Bachelors in psychology students displayed more interest than bachelors level social work students in working with SPMI. Our results suggest that academic affiliation contributes to students' desire to work with this population. Assessing the differences in training between social work and psychology students may provide further understanding regarding the nature of this finding. Undergraduate education is an important population to implement interventions targeted at training and increasing positive attitudes toward working with SPMI. At this stage of educational development, students are likely solidifying career interests and seeking jobs or training programs.

Results from this exploratory study are promising and provide the field of psychology with target areas to enhance the training of students by instilling hope and greater feelings of competence and expertise to treat this challenging population. Future directions include utilizing the information obtained from this study to generate ideas for improved education and training to increase students' motivation to work with people with SPMI. This study is part of ongoing research, with current work assessing the attitudes of working paraprofessionals and professionals in the mental health field.

Limitations

There are several threats to external validity and issues with generalizability within the present study that may restrict the interpretations extracted from the findings. First, the sample size was unbalanced due to difficulty recruiting participants across the different educational groups. Secondly, problems with self-report and social desirability may have influenced the participant responses. Therefore the relative attitudes may be more meaningful, rather than the absolute values assigned, with ordinal rankings reflecting a more accurate direction of attitudes reported by the participants.

The study did not include a global representation of the student population, such as medical, nursing, and educational students who will likely interface and work with people who suffer from SPMI. Furthermore, the convenience sample consisted of a relatively homogenous group of students selected from colleges and universities within South Florida. Future investigations will include a more representative sample of the student population sampled across academic affiliations, educational institutions, and geographic regions.

Acknowledgements

We would like to acknowledge and thank the following people who contributed their efforts as students and staff on behalf of Nova Southeastern University: Daniel Dearson and Charnette Monroe for their dedication in assisting with the distribution of the survey; Dr. Sellers for guidance in instrumentation; and Dr. Simco for his expertise in statistical analysis of data.

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Table 1.

Percentages, Means, and Standard Deviations for Type of Student and Responses to "Serious mental illness cannot be cured."

Type of Student	Agree &[1] Strongly Agree	Disagree & Strongly Disagree	M[2]	SD	N
Associates Psychology	12.0%	51.2%	2.56*	.85	207
Bachelors Psychology	17.0%	58.5%	2.50*	.95	135
Masters Mental Health Counseling	36.6%	32.9%	3.03+	1.05	131
Doctorate Psychology	32.7%	38.5%	2.90+	.97	244
Bachelors Social Work	21.7%	35.9%	2.81	.96	106
Graduate Social Work	38.1%	34.4%	3.04+	1.09	131
Total Sample	26.1%	42.4%	2.80	.99	954

Note. ANOVA yielded significant differences with students in * lower educational groups disagreeing more that SPMI cannot be cured, compared to + higher educational groups $F(5, 948) = 8.74$, $p < .05$.

[1] Percentages from the 'undecided' group were excluded.

[2] Mean scores reflect responses ranked from '5' (strongly agree) to '1' (strongly disagree).

Table II.

Percentages, Means, and Standard Deviations for Type of Student and Responses to "Drug therapy is not as effective as psychosocial rehabilitation in the treatment of people with serious mental illness."

Type of Student	Agree &[1] Strongly Agree	Disagree & Strongly Disagree	M[2]	SD	N
Associates Psychology	18.8%	32.8%	2.57	.31	207
Bachelors Psychology	23.7%	37.0%	2.85	.09	135
Masters Mental Health Counseling	10.0%	64.1%	1.57*	.31	131
Doctorate Psychology	13.1%	57.4%	2.45	.06	244
Bachelors Social Work	17.9%	32.1%	3.23*	.31	106
Graduate Social Work	15.2%	48.8%	2.54	.08	131
Total Sample	16.2%	46.2%	2.63	.93	954

Note. * ANOVA yielded significant differences with bachelors in social work students agreeing more that drug therapy is not as effective as psychosocial rehabilitation, compared to students seeking a masters in mental health counseling degree, $F(5, 939) = 6.37$, $p < .05$.

[1] Percentages from the 'undecided' group were excluded.

[2] Mean scores reflect responses ranked from '5' (strongly agree) to '1' (strongly disagree).

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